

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026845

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 43

FILED JUL 9 1963

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sweet Springs		c. CITY OR TOWN Sweet Springs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 314 North Miller		d. STREET ADDRESS (If outside, give location) 314 North Miller	
3. NAME OF DECEASED (Type or print) First Middle Last CLARENCE SCHOUTEN		4. DATE OF DEATH Month Day Year July 1, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan. 21, 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer retired		10b. KIND OF BUSINESS OR INDUSTRY Gen. Agriculture	9. AGE (last birthday) 67
11a. FATHER'S NAME Charles J. Schouten		11b. MOTHER'S MAIDEN NAME Emma Cole	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Charles J. Schouten		13b. MOTHER'S MAIDEN NAME Emma Cole	14. NAME OF HUSBAND OR WIFE Antonie Swopes Schouten
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) Yes W.W.I.		16. SOCIAL SECURITY NO.	
17. INFORMANT Clarence E. Schouten, Henrietta, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Mitral Stenosis</i> DUE TO (b) <i>Carcinoma of Stomach</i> DUE TO (c) <i>Carcinoma of Stomach</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>3 days</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 1959 to 1963 and last saw him alive on 7-1-63		Death occurred at 10:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Print name or title) <i>Charles E. Schouten MD</i>	22b. ADDRESS <i>Sweet Springs, Mo</i>	22c. DATE SIGNED 7-2-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/3/63	23c. NAME OF CEMETERY OR CREMATORY Johnson Cemetery	23d. LOCATION (City, town, or county) (State) Rural Hickory County, Mo.
24. GENERAL DIRECTOR <i>Thomas Ewing</i>	ADDRESS Sedalia, Mo.	25. DATE RECD. BY LOCAL REG. July 3, 1963	26. REGISTRAR'S SIGNATURE <i>Mary Manning</i>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

1 0970

2 0970

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(Licensed Embalmer's Statement on Reverse Side)

JUL 12 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Phane Ewing

Licensed Embalmer No.

3847

P. O. Address

Seaboard Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Burial Permit Issued on 7/11/1963